

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/536677

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5		3				
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10		5				
11						
12						
13						
14		2				
15		4				
16		2				
17		2				
18		2				
19	1		1			
20			1			
21			1			
22						
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25						
26	2		2			
27			1			
28			1			
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49						
50						
TOTAL IND.		2		2		
TOTAL DEP.	28		28			
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		2		2		
TOTAL DEP.	28		28			
TOTAL CLAIMS	30					